

in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		SUPPLEMENT ATTACHED	
1. County of <u>Gila</u>		ARIZONA STATE BOARD OF HEALTH	
District of _____		BUREAU OF VITAL STATISTICS	
Town of _____		ORIGINAL CERTIFICATE OF BIRTH	
or <u>Globe</u>		State Index No. <u>202</u>	
City of _____		County Registrar No. <u>103</u>	
No. _____ St. _____ Ward _____		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Joe Neil Patrick</u>			
3. Sex of Child <u>male</u>			
4. Twin, triplet or other _____			
5. No., in order of birth _____			
6. Legitimate? <u>yes</u>			
7. Date of birth <u>June 29, 1928</u>			
8. <u>To be answered ONLY in event of plural births.</u>			
3. FATHER		14. MOTHER	
Full name <u>Walter Harry Patrick</u>		Full maiden name <u>Neva Hamblen</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u>		15. Residence (Usual place of abode) <u>Globe, Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>36</u> (Years)	
12. Birthplace (city or place) <u>Gainesville, Missouri</u>		18. Birthplace (city or place) <u>Harrison, Arkansas</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>owns Confectionary</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>four</u>		(b) Born alive but now dead <u>none</u>	
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:25 p.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Given name added from a supplemental report _____			
Month, day, year. _____			
Signature <u>J. C. Harper</u> (Physician or midwife)			
Address <u>Globe, Arizona</u>			
Filed <u>7/9</u> , 19 <u>28</u> <u>Stacy Rhine</u> Local Registrar.			
Registrar. _____			
County Registrar. _____			

172-629-585